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### Deposited in DRO:

29 January 2020

### Version of attached file:

Accepted Version

### Peer-review status of attached file:

Peer-reviewed

### Citation for published item:

Gallagher, Ann and Banks, Sarah and Jago, Robert and Zasada, Magdalena and Austin, Zubin and van der Gaag, Anna (2020) 'Exploring the context of fitness to practise concerns about social workers in England : explanations beyond individuals.', *Ethics and social welfare.*, 14 (2). pp. 187-203.

### Further information on publisher's website:

<https://doi.org/10.1080/17496535.2019.1707846>

### Publisher's copyright statement:

This is an Accepted Manuscript of an article published by Taylor Francis in *Ethics Social Welfare* on 15th January 2020, available online: <http://www.tandfonline.com/10.1080/17496535.2019.1707846>

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## **Exploring the context of fitness to practise concerns about social workers in England: Explanations beyond Individuals**

**Ann Gallagher, Sarah Banks, Robert Jago, Magdalena Zasada, Zubin Austin & Anna van der Gaag**

### **Abstract**

There is a disproportionate number of complaints about social workers in England to the Health and Care Professionals Council (HCPC) as compared with the other health care professionals regulated by HCPC. This paper discusses findings from interviews and focus groups that formed part of a mixed methods study that aimed to find out the reasons for complaints and the strategies that may reduce complaints. Four themes were identified: social work as an evolving profession; social work involves challenging practice; social work takes place in a pressurised environment; and public perceptions and expectations of social work are often negative and unrealistic. Findings highlight explanations that focus on organisational culture and public responses to social workers' control functions. We argue that, at a time of change for the profession, there is a need for public education regarding the role and function of social workers and for regulators to have more proactive engagement with registrants and employers.

**KEY WORDS:** social workers, complaints, regulation, ethics, organisational culture, leadership integrity.

### **Introduction**

This article explores the contextual factors that may lie behind the fitness to practise concerns about social workers in England referred to the regulatory body, the Health and Care Professions Council (HCPC). It draws on research commissioned by HCPC in 2016 to investigate the disproportionately high rate of referrals about social workers and paramedics, compared with the other 14 professions regulated by the Council. In this article, we focus on data relating to social workers, specifically drawing on interviews and focus groups with key stakeholders (social workers, service users, members of regulatory bodies, trades unions and other professional bodies) with a view to understanding better the reasons for the relatively high rates of concerns raised and what might be done to mitigate this trend.

### **The Role of the Health and Care Professions Council**

At the time of the research, the Health and Care Professions Council (HCPC) in the United Kingdom regulated 16 professions, including social work in England, which joined in 2012 after the closure of the General Social Care Council. Social work was the largest profession regulated by HCPC, with 96,497 registrants, comprising 27%

of the total register in 2017-18 (Health and Care Professions Council, 2018). The other 15 professions are all smaller and in the main health-related, including, for example, paramedics, physiotherapists, radiographers, dieticians and hearing aid dispensers, although some, such as psychologists, arts therapists and occupational therapists, also work in social care settings. At the time of writing, preparations are in progress for the regulation of social work in England to be transferred to a new body, Social Work England, from December 2019 (<https://socialworkengland.org.uk/>).

The HCPC's main aim is to protect the public and its functions are fourfold: to keep a register of practitioners who meet the required standards; to set standards for the professions and for education and training of health and social care professionals; to approve educational programmes that prepare practitioners for registration; and to take action when registrants do not meet the required standards. The latter function requires the HCPC to ensure, as far as possible, that a registrant is 'fit to practise', that is, that they have the necessary knowledge, skills and character to practise safely, effectively and ethically.

When a practitioner is judged to fall short, then service users, other members of the public, employers, colleagues or others can make a 'fitness to practise' referral to the HCPC. Although commonly referred to as 'complaints', the terms now used by HCPC tend to be either 'referrals' or 'concerns'. This reflects the fact that some practitioners refer themselves to the HCPC (for example, if they have not met the standards or if they believe their employer will not deal with them fairly) and so it is not appropriate to call these 'complaints'. Furthermore, as our research shows, some of the third party referrals are not properly formulated as complaints, hence the term 'concern' seems more appropriate - being broader and less judgemental.

The HCPC considers fitness to practise cases relating to, for example: registrants' dishonesty; exploitation of service users; disrespect for rights; causing harm; inappropriate relationships with service recipients, including sexual misconduct; engagement in activities that undermine public confidence in the profession; health problems; and lack of competence. Criminal offences referred to the HCPC fitness to practise process include fraud, shoplifting, theft, alcohol and drug offences, assault and sexual offences (HCPC 2018).

## **The Rationale for the Research**

In 2015 the HCPC issued a call for research proposals to examine the relatively high rate of fitness to practise referrals of social workers and paramedics. At that time, the referral statistics showed 1.42% of social workers and 1.09% of paramedics were referred to HCPC, compared with an average of 0.66% for all 16 professions (Health and Care Professions Council, 2015). Historical statistics show the overall rates of referrals as steadily rising from 0.05% in 2002-3, reaching the highest point of 0.66% in 2016 (Health and Care Professions Council, 2017). The rate for 2017-18 was 0.64%, remaining the same as in 2016-17 (Health and Care Professions Council, 2017, 2018). In 2017-18 the referral rate for social workers was slightly lower (1.22%) than that of paramedics (1.25%). Compared with other professions on the register, a very high proportion of social work referrals came from members of the public (including service users), amounting to 56% in 2014-15, compared with an average for all 16 professions of 46%. For the other 15 professions (excluding social

workers in England), the average figure was only 32% (calculated from HCPC, 2015, p. 11).

Although complaints against social workers are not as high as those against other professions, such as doctors (see General Medical Council 2016), the HCPC was concerned to investigate the reasons for these trends in social work and establish what strategies might be adopted to mitigate them. Investigating and processing referrals is costly for the regulatory body, and distressing and time-consuming for both registrants and referrers, particularly if, as in many cases, no further action is taken after the initial investigation. The financial cost to registrants is also significant with some spending between £5000 and £15000 on legal fees. For some registrants, this is not affordable and resulted in them either not attending the hearing or not having representation (Worsley et al 2017).

Before proceeding to discuss the research methodology and findings of the interviews and focus groups, we offer a brief picture of the current state of social work in England to set the scene for the research.

### **The Current State of Social Work: Stress, Austerity and Managerialism**

Social workers routinely engage with people facing emotional, practical, social and health-related challenges and crises in their lives. They have a range of roles, including: provision of support and care; encouragement of self-determination and empowerment; prevention and minimisation of harm to service users and others; and advocacy for social justice in wider society. They work in situations of complexity and uncertainty and have to negotiate competing values, imperatives and expectations on the part of service users, employers, other professionals, members of the public and the state.

Dilemmas and contradictions lie at the heart of social work. One critical challenge, as Summerson-Carr (2015) remarks, is that social workers practise in organisational and societal contexts that are increasingly 'solution-focused', yet they often face problems that cannot be solved, only 'managed'. Indeed the environments in which social workers practise are increasingly pressured, as target-driven cultures of performance management and measurement meet the austerity-engendered shortages of staff and resources alongside escalating poverty and social need in contemporary Britain (Armstrong, 2017; Banks, 2011). This makes it harder for social workers to deliver the services and adopt the approaches they feel are needed, exacerbating the tensions between 'technicist' and 'relationship-based' approaches and generating both moral and physical stress and distress (Ingram, 2013).

Indeed, social work is considered to be an occupation with a high risk of stress and burnout (Moriarty et al., 2015). Staff shortages, high workloads and unpaid over-time appear to be the norm in many agencies (Murray, 2015). Survey data collected in England (Beer, 2016) with a sample of 427 social workers employed across 88 local authorities and in private and third sector agencies showed that 75% were concerned about burnout, 63% had difficulties sleeping, 56% reported being emotionally exhausted, and 15% currently took, or had taken within the past 12 months, anti-depressant medication as a result of their social work role. Only a quarter of these respondents felt their organisations did enough to support them, and only just over half knew where to access support for work-related stress.

Supervision, while nominally valued and provided in social work, tends to be patchy in practice. For example, in a comparative study of child welfare settings in England, Sweden and South Africa, supervision in England was found primarily to take an administrative focus (managerial) to the neglect of the educative and supportive roles (Bradley, Englebrecht and Höjer, 2010). This exacerbates the suppression of emotions that are inevitably engendered in social work practice, leading to emotional vulnerability and the danger of impeding the efficacy of decisions and actions in practice (Ingram, 2015; Ferguson 2005).

The complex and poorly understood nature of social workers' roles may be one of the factors which makes the profession particularly vulnerable to adverse public and media opinion (Penhale and Young, 2015). Social workers have a dual role: on one hand they serve as gatekeepers in the state system which involves some degree of coercion and control, on the other hand, they are advocates who endeavour to support and guide service users (Jessen, 2010). This disjunction, along with the perceived dominance of the gatekeeper role, may be likely to contribute to mistrust and negative attitudes. Organisational issues, such as conflict with managers, can also be a contributory factor to referrals to the HCPC instead of resolving issues locally (Worsley 2017). One small scale qualitative study suggested that the HCPC Fitness to Practise process may not take sufficient account of lack of resources and organisational failings (Leigh et al 2017).

Social workers often tread a challenging line between care and control, between support and safeguarding, and between non-intervention and intervention that may appear intrusive and unhelpful. This work is ethically very challenging (Wilkins 2012). High profile media reports draw attention to the catastrophic consequences of non-intervention such as, for example, the death of a child or a vulnerable adult. The tragic short lives of Victoria Climbié Peter Connelly (Baby P) are well-publicised cases in point (Ferguson & Lavalette, 2009; Jones, 2014; Laming, 2003).

Having provided some background to the current state and context of social work, we will now outline the methods and approach to the empirical research reported in this article.

## **Methods**

### *Aims and approach*

As mentioned above, in 2016 the HCPC commissioned a research team comprising the authors of this article to: investigate reasons for the disproportionate number of fitness to practise complaints relating to social workers and paramedics; and identify preventative actions that could be taken to tackle this trend. The HCPC's Director of Policy and Standards was a member of the project Advisory Group, to which the team reported on a regular basis. The Advisory Group comprised members of the research team and representatives of the professions. Non-research team Advisory Group members were not involved in data collection, data analysis or report writing. The report and subsequent project publications were independent of the views of the HCPC.

The study adopted a mixed methods approach, including: a literature review; a Delphi process whereby opinions from 14 international experts (in regulation, paramedical and social work practice and research) were distilled to reach consensus; the analysis of a 10% sample of fitness to practise cases dealt with during 2014-16 from the HCPC database; and qualitative interviews and focus groups with key stakeholders in the fields of social work and paramedical practice, education and regulation. The main focus of this article is the data from the interviews and focus groups relating to social work. Further details of other aspects of the study, including the findings relating to paramedics, can be found in the research report and related articles (Banks et al. 2019; Gallagher et al. 2018; Austin et al. 2018; van der Gaag et al. 2018)

### *Interviews and focus groups*

During 2017, 12 interviews were undertaken with people with expertise in social work practice and regulation from across the four UK countries:

Eight participants had social work backgrounds - 2 worked for a trade union; 3 worked for a social care council in Scotland, Wales and Northern Ireland; and 3 were social workers and academics.

Four interview participants worked in regulation – 2 as solicitors and 2 as members of the social work Fitness to Practise team.

Two focus groups comprised of service users with experience of health and social care.

A focus group of seven senior social workers and managers working in North East England in a range of backgrounds and job roles (public and voluntary sector, adult and children's services) was recruited through circulating an invitation to registrants on the HCPC database and Durham University's social work programme contacts.

Data were also collected from two focus groups with service users. One focus group comprised seven participants who were users of mental health and physical disability services, while the other group consisted of three people who had used mental health, cancer, elderly, primary and secondary care services across the South East of England. Participants were recruited through two university service user and carer groups in South London and Surrey. All had personal experience of interactions with social workers in a variety of settings. The North East and South East were used as these are contrasting economic regions and members of the research team were based in these areas and had access to local networks.

### *Participants in the interviews and focus groups*

<b>Individual Interviews</b>	<b>Number</b>
Social Workers	8
Regulators	4

	12
<b>Focus Groups</b>	
Social workers (Durham)	7
Service users (London)	7
Service users (South East England)	3
<b>TOTAL</b>	<b>17</b>

The interviews and focus groups started by posing the key questions at the heart of the study, relating to what participants thought were the reasons for the disproportionately high number of fitness to practise concerns raised about social workers, and what could be done to mitigate this. Discussions were wide-ranging, covering opinions about the nature of the profession, the roles social workers take and the organisational and societal conditions in which they work.

A thematic analysis was used to extract themes and sub-themes from the qualitative interview and focus group data, broadly following the phases described by Braun and Clarke (2006): familiarisation with the data; generating initial codes; searching for themes; reviewing themes; and defining and naming themes – identifying the ‘essence’ of themes. Codes and themes were cross-checked by researchers as the analysis progressed. The overall analysis was then circulated to the research team for comment before themes were finalised.

#### *Ethical review*

The research proposal was submitted to the University of Surrey Ethics Committee for ethical review. A favourable ethical opinion was obtained before recruitment and data collection commenced. Participant information sheets were distributed to potential participants and those who volunteered to participate were invited to sign a consent form. It was agreed that names of people would remain anonymous, and participants were reminded that they could withdraw from the study at any time.

### **Findings: Perspectives from Key Stakeholders in Social Work and Regulation**

We will now discuss the responses from the interviews and focus groups. Four themes were identified from the analysis relating to social work practice as follows:

1. Social work is an evolving profession;
2. Social work involves challenging practice;
3. Social work takes place in a pressurised environment;
4. Public perceptions and expectations of social work are often negative and unrealistic

These key themes identified by the research team focused largely on factors external to the professional practitioner, although this needs to be viewed in the

context in which the interviews and focus groups took place. Participants were not given details of the nature of concerns raised about social workers, so their answers were speculative and concerned to address the question as to why there were *disproportionately* more complaints against social workers than other professions registered by HCPC.

### *1. Evolving profession*

The identification of social work as an evolving profession was a strong theme with four sub-themes: that the profession was relatively recently regulated; that practitioners were not treated as professionals; that they assumed new roles; and that the practice was not well understood by the regulator.

Statutory regulation was introduced in social work following the establishment of the General Social Care Council in 2001 and protection of the title in April 2015. Some respondents viewed social work as still in a position of being relatively 'newly regulated' (compared, for example, with medicine or nursing) and finding its way as a recognised profession. As an interviewee from a professional body commented: 'it's still very new for people, in terms of expectations'. It was suggested that this impacted on social workers' own appreciation of their regulated status and was, perhaps, more challenging for those qualified less recently. Registrants had the advantage of learning about professional registration and regulation during their qualifying education and, would be aware that, for example, 'this is not just any Masters course they're undertaking, it's one to be a professional, and certain responsibilities go with that' (interview, member of professional body). Service users in one focus group pointed to the negative impact of an uncertain professional identity, where there is 'cognitive dissonance'. One participant commented:

the happiest social workers [...] have been those social workers who have really had a really clear sense of their own identity and professional practice.

Having gained regulated status relatively recently was associated with a lack of understanding by practitioners of what it means to be a professional, for example, limited awareness that personal life misdemeanours can impact on professional status. However, it was also suggested by one participant that the regulator did not understand social work and the HCPC staff: 'don't know the framework that [social workers are] working in' (interview, social work manager).

The lack of appreciation by the general public of social workers as professionals was suggested by one social worker interviewee. Social workers, with 'lots of notable exceptions' are treated as 'just like a kind of office of accounts rather than as professionals in their own right, so they [the public] don't necessarily support their [social workers'] professional obligation' (interview, social worker). Another social worker interviewee commented that social work was 'a lower status profession' as compared with other health professions and suggested how the nature of their work might impact on complaints:

[...] people are loath to complain about a GP – they're high status. They're not going to complain about nurses because they're angels, you know, but the social worker is the person that has to make the bad decision. And they're also seen not as a real job (laughs) I think, not a real profession [...] So



possible raising somehow the status and visibility of the profession, educating people to what we actually do...and also what we can't do.

A positive aspect of this 'evolving profession' relates to 'pride' in new roles (interview, regulator). It was pointed out that there was evidence that the consultant social worker role provided: 'that kind of continuance of practice and expectation of continuance in practice, so you don't get this kind of almost disconnect between the management and the practitioners' (interview, consultant social worker). With such new roles comes the provision of mentoring, supervision and staff support.

## *2. Challenging practice*

The second theme of 'challenging practice' had four sub-themes: relationship-based practice; the nature and circumstances of social work service users; doing the undoable; and short-term practice.

The fact that social work is a practice focused on relationships is one of its distinctive features, but this might also contribute to service users raising concerns about social workers as a response to 'complex situations with people who may resent what they see to be the interference of social services and social work' (interview, regulator). A social work academic interviewee suggested that the relational nature of social work was: 'about the kind of divination and refinement of rooting human understandings and skills in a social context. Well I think that's something that it's incredibly hard to do well and quite easy to do badly'. The challenging nature of practice can contribute to it being done badly:

[...] everything is against there being a relationship. Cutting it short, limiting it, having negative aspects to the role ... and service users of course are not stupid and they know what's going on (interview, social work academic).

Data from the interviews and focus groups also suggested that the relational focus of social work practice rendered it open to abuse and boundary violation by some individuals. There are a few people who come into the profession looking for opportunities to 'exploit vulnerable people'.

The 'nature and circumstances of social work service users' was highlighted as another factor contributing to challenging practice. Service users were described as being at 'the margins of society' and often regarded as an 'underclass' who are 'disenfranchised' and disadvantaged (interview, academic). It was suggested that this was a contributory factor to complaints and high levels of stress. A consultant social worker suggested that social workers need to become more aware of the impact that different families might have on them and to ensure that the principles of equality are applied in all circumstances. Social work focus group participants referred to work with 'people in crisis' and a change from 'a time of plenty when we could go in there with a big tool box as it were and say "we're going to fix everything for you"', to a focus on getting people to help themselves'. The same focus group participants also commented on a change from people being 'excited' about the 'event' of a social worker coming to make things 'happen' to a perception that social workers are now 'little more than functionaries'.

The third sub-theme of 'doing the undoable' included fire-fighting metaphors. As an interviewee who was a lawyer commented, there are: 'situations where there aren't enough people to go out and do the visits' so they are 'possibly almost sometimes undoable, just they can't get it done'. Participants in the social work focus group talked about social workers being 'on the edge' and commented that it is not possible 'to take your foot off the accelerator'. The recruitment challenges in social work are, it was suggested, compounded by the profession's 'lack of sexiness' and the way that it is 'downgraded, diminished [and] ever diminishing in status' (interview, social work academic). A lack of resources plus inadequate supervision leads to a 'toxic or potentially incendiary mixture of factors' for social work (interview, social work academic). Limited funding and resources also mean that service users do not always get what they would like: 'I'd like to give you a Rolls Royce service, unfortunately, we can only afford a Robin Reliant' (interview, social worker). Social work is also, it was suggested, part of larger picture of social problems:

the benefits agency and the health service and the housing .. housing's a very big contributor to social problems. And councils ... now I've seen people on the TV this year, councils saying 'well yes the housing situation's got so bad we can no longer fulfil our statutory responsibility'(interview, social worker).

As a result, when people are re-located and 'cut off from their support system' they get angry and direct that anger at social workers. The dual functions of social workers as providers of 'care' and 'control' were highlighted as presenting challenges and contributing to complaints.

Social workers' 'limited experience and continuity' were additional factors contributing to challenging practice. Social workers tend to spend a limited time in direct practice thus meaning that 'people do not garner enough expertise' (interview, social work academic). There is also a reliance on locums or agency workers. Service users in the focus group identified a lack of continuity and how this impacts on relationships. Several observed that 'good' social workers often left practice to work in education. Others were promoted to fill gaps resulting from organizational re-structures rather than according to ability and fit for the role. Agency workers perceived as 'coming and going' was also felt to be an issue because of the lack of continuity for families:

we are sitting sort of getting the flak because the family is angry, they're upset, they've had to tell their story six times or however many times – there's no continuity, and therefore somebody sometimes becomes a scapegoat I think (interview, social worker).

### *3. Pressurised environment*

The third related theme of pressurised environment was captured in four sub-themes: lack of resources; inadequate support; not being liked; and regional differences.

Resource constraints in local authorities were identified as a broader factor that may inhibit good practice. Interviewees suggested that social workers were often at 'the sharp end of rationing services' with cuts to funding of 30- 40% albeit with some examples of 'creative' practice (interview, member of professional body). Participants

in the social workers' focus group described social workers as having 'unmanageable caseloads' and insufficient resources. This also impacted negatively on continuing professional development.

The sub-theme of 'inadequate support' captured data referring to a lack of support by managers, which was described in different ways, including support with workload management, from support workers, mentoring, and debriefing. One interviewee who was a lawyer explained, 'I think it's 50% of our newly qualified social workers end up in frontline child protection' with little support from more experienced practitioners. A Union representative highlighted the need to challenge a blame culture focusing on individual registrants:

It's just basically 'no it's all your fault, everything's down to you'. There's no acceptance that things could've been done better by the parties or whatever, and then, people then become entrenched and what you get is [that] we have to unravel that when we meet registrants. (interview, union representative)

Social worker focus group participants also referred to the implications of a lack of employer support and intervention, where practitioners whose practice was known to be consistently poor over a long time, were moved on and not dealt with appropriately:

I have a big issue with people who've been working with a local authority for a very long time, and practising very, very poorly for a very long time, and local authorities, even though they anticipate complaints coming, never act on it ... and I've seen it in every local authority I've worked in. And where someone is perceived to be a problem and high risk, they've then been moved from one department to another department to practise dangerously ... (focus group, social work manager).

Interviewees described how social workers who are part of 'an intrusive profession' make people unhappy. There are negative 'representations' focusing on the control function, and the title 'social worker' is viewed as 'shorthand for "oh they're the people who take your kids away"' (interview, social work academic). An interviewee from a regulatory body commented:

A social worker once said to me 'no-one wants a social worker in their life'. I suppose [in] the other professions people are seen as being there to help you, to get you better, to fix an issue that's there. Whereas social workers are similarly there because there is an issue that needs fixing, but the remedy to that is not necessarily going to be to everyone's satisfaction or benefit.

A service user focus group participant suggested that a 'deficit approach' was seen as the basis of social work, of 'looking to see what's wrong in someone's life' and that this resulted in hostility to social workers. Another service user suggested that social workers in the past were 'the voice of the vulnerable' whereas now they are 'there to scrutinise you and to be on the state's side almost against you. Another service user participant described how families felt scrutinised and viewed social work as intrusive:

so it's like an alien coming into your family you know – their defences are up, aren't they, you know? There are secrets in my family, you know hiding from certain people when they knocked on the door, pretending you're not in ... the financial turmoil, the getting bashed about thing – all that is a secret behind thing, and there's this alien comes in, penetrates it all. That is bound to cause a very strong reaction you know. Whether what people are doing is acceptable or not, socially, you know.

Differences across the UK were attributed to the size and context of the different regulators for social work in each of the four countries. Those regulators responsible for registering fewer social work registrants in Northern Ireland, Wales and Scotland could more easily make a positive difference by building tighter and more collaborative relationships with registrants, thus improving the relationship between social workers, the public and the regulator. An interviewee from a professional body suggested a shift from a sole focus on the individual registrant:

There seems to have been a little bit of a shift towards the quality of services, quality of management, funding, those sorts of issues and a bit less on the individual social workers.

#### *4. Public perceptions and expectations*

The fourth and final theme, touched on in some of the previous themes is that of public perceptions and expectations with three sub-themes: confusion about the role of regulator; less respect; and motivation for complaints.

It was suggested by regulator participants in particular that service users did not always understand, or were confused about, the role of the regulator. One regulator participant said that the regulator is:

[...] not a complaints resolution body [...] we are dealing with a professional's fitness to practise and the risk that they would pose to other service users or the public. And that is a very difficult message to get through. [The role of the regulator is] to protect the public by taking action about any concerns which might suggest that someone's fitness to practise is in question, and I mean even the terminology 'complaint' suggests that if someone's done something wrong, I can complain about it and I should get some sort of resolution to that [...] We're not here to bring people a resolution. That's not our function. We are here to deal with concerns that suggest that someone might not be capable of safe and effective practice.

Another sub-theme relates to 'less respect' in general towards the professions and specifically towards social workers:

[...] there's a failure to understand what is expert about social work, and a sense that we all can do that, understand it, know it. Whereas of course people are much more deferential in relation to more medicalised or technical occupations, professions. (interview, academic)

It was suggested that the 'motivation for complaints' was due to members of the public having 'tried every other avenue' and 'seek[ing] redress' (interview, regulator). One interviewee proposed 'two categories' of complaint:

[...] There's the person, the member of the public, that maybe is disgruntled with a decision that's been made or what the social worker has done in relation to their case and the only way they see of resolving it is to make a complaint, because they don't like that the social worker has said actually 'no, we don't think that's a good idea' or 'we're not going to pursue that'. But then there's the lack of competence social worker cases where there's obviously vast numbers of examples of where they haven't done something that they should have [...] (interview, lawyer)

Participants in one of the service user focus group suggested that complaints about social workers might be an inevitable consequence of the job because of 'the areas of people's lives that social workers were drawn into'. This may also be strengthened by a culture where 'where when things don't go absolutely right for people they'll look for someone to blame'. Some service users became, it was suggested, 'serial complainers' and would go to several organisations to have their case heard. However, others wanted to make a positive change or improvement as one social work regulator interviewee reported:

[...] this person kept saying "But I don't want this social worker to treat another family the way they treated us."

Overall, it was suggested that users of services need to feel that they are being taken seriously and want to be kept informed on how a complaint is dealt with.

## **Discussion**

The findings from these interviews and focus groups provide contextual background to help explain the factors behind the disproportionate number of referrals to the regulator relating to social workers in England. At the outset, it is worth remembering that the majority of referrals (88%) did not result in regulatory action. This is because the concerns raised did not meet the standard of evidence required to indicate that an individual social worker's fitness to practise might be impaired. In many cases the referrals were deemed inappropriate, coming from service users who simply wish to vent their anger and disappointment at unwelcome decisions taken by social workers. In some cases, there was evidence of poor communication or disrespectful practice. In other cases, there may have been misconduct or incompetence on the part of social workers, but if evidence was not forthcoming, the case could not be pursued. The small proportion of referrals that were taken to a final hearing were generally of a serious nature, relating to cases of significant harm to service users or highly incompetent, dangerous or unethical conduct, and if proven, the social workers concerned were sanctioned. .

The interview and focus group participants place significant weight on professional, organisational and systemic reasons for fitness to practise referrals. Descriptions of the practice of social work as challenging are unsurprising and resonate with a substantial literature, some of which is discussed in the brief literature review offered earlier. What emerges is a picture of an occupational group whose job is inherently

challenging and frequently misunderstood, operating in a climate of increasing need, limited resources and growing managerialism. Compared with many of the other professions regulated by HCPC (e.g. dietitians, physiotherapists, radiographers), it is unsurprising that more referrals are made to the regulatory body about social workers.

Research participants point to the impact of limited resources in undermining the relational focus of social work practice (which exacerbates service user dissatisfaction), alongside the behaviour of some individual social workers who may violate professional boundaries (which is often a factor in the more serious cases). The tension noted earlier between functions of support/care versus control is apparent in the data, especially for social workers exercising statutory responsibilities in children's services and mental health when interventions are frequently uninvited and unwelcome. Of relevance to this point is the work of Svensson (2009), exploring how social workers (and volunteers) in Sweden engage in 'identity work' to manage the conflict between doing good through providing care and support, and being controlling with often undesirable consequences for service users. Social workers develop their self-identity to regard themselves 'as being good', whereas their organisation 'represents the controlling function'.

A strong theme in the data relates to the pressurised environment within which social workers operate. The literature review presented earlier draws attention to challenges of austerity and managerialism (Armstrong 2017, Banks 2011, Ingram 2013). High levels of job vacancies and use of agency social work staff are commonplace, contributing to lack of continuity of care and service user dissatisfaction. These pressures, understandably, have a significant and negative impact on both permanently employed and agency social workers in terms of stress and burnout (Moriarty et al 2015). Our research participants report social workers 'doing the undoable' in environments with a lack of resources, inadequate support and public negativity. This resonates with a wider literature relating to compassion fatigue in health and caring professions (Austin et al 2013, Health Education England 2019). For example, Austin et al (2013 p.148) describe the hopelessness experienced by a social worker 'because nothing was changing. It was the same every day [...]'. Experiences of compassion fatigue are reported widely across the health and social care professions. There is a developing literature regarding strategies to respond constructively to the associated ethical and practical problems, which may be relevant to tackling some of the contextual challenges that contribute to fitness to practise referrals. Recent literature on responses to compassion fatigue has also stimulated discussion of the meaning and role of resilience (see, for example, Whitney 2019; Manttari-van der Kulp 2016; Guo & Tsui 2010) and moral resilience (Monteverde 2014). Individual and organisational strategies include self-care, mindfulness, ethics education, mentorship and supervision.

It is important to keep in mind the organisational context, and see the pressures placed upon individual social workers in a broader organisational and political context. The incidence of workplace 'bullying' is often part of an organisational culture, where externally imposed targets result in managers pressurising workers to perform more efficiently, cut corners or 'massage' statistics. Webster (2016) explores responses to the workplace challenge of bullying in terms of 'social work leadership integrity', arguing that 'the *prime* function of social work leadership is to

implement organisational social justice'. He concludes that 'socially just leadership is eminently practicable.' This work suggests the importance of educational and organisational processes that promote and support leadership integrity with a view to sustaining ethical workplaces.

Our findings relating to 'public perceptions and expectations' again resonate with the literature review, suggesting that social workers' roles are poorly understood, which makes them vulnerable to negative public and media opinion (Penhale and Young, 2015). The disjunction between social workers' roles as carers/supporters versus their roles as agents of social control, is likely to contribute to public mistrust and negative media representations. As mentioned previously, social workers have to tread a challenging line between care and control, between support and safeguarding, and between non-intervention and intervention that is difficult to negotiate. The inclination to engage in identity work, as described by Svensson (2009), and to develop an ethical self-image, is understandable. However, further research is required to investigate the extent of this work with social workers in England.

Reports of perceived and actual failings in social work have a high profile and result in moral condemnation of social workers. Whilst some concerns reported to the HCPC may appear vexatious and arise from service users' anger and disgruntlement, there is a small but significant number of legitimate concerns expressed by service users who are concerned that the social workers they have encountered do not treat others in a similar way.

We turn next to our conclusions and recommendations.

## **Conclusion and recommendations**

The findings of the interviews and focus groups reported here suggest a range of explanations for the relatively high proportion of fitness to practise referrals to HCPC about social workers. Some focus on individual factors (for example, stress and burnout), while others highlight features of prevailing organisational cultures (regarding support and resource management) and public responses to, and understanding of, social workers' and regulator's roles and responsibilities.

Various stakeholders have a role in moderating the contextual factors that contribute to high rates of concerns: educators, social care leaders, employers, managers, professional bodies and trade unions. To address the training and educational needs of social workers, learning and teaching materials based on some of the fitness to practise referrals studied in this research could be developed by educators and utilised with students on professional qualifying programmes as well as for on-going learning and continuing professional development (CPD) with registrants. In terms of organisational support for social workers, it would clearly be beneficial to promote enhanced supervision for registrants.

Further guidance could be produced on supervision and support of social workers and additional engagement work might be undertaken by the regulator with employers and registrants. This might focus on the critical role of supervision and support in maintaining standards and preventing complaints through encouraging

more regular supervision sessions for social workers so that they are better supported and have opportunities to discuss complex cases, as well as employers providing better information and signposting about the reasons why concerns arise, for example, regarding poor communication with service users, demonstrating a lack of respect and poor record keeping (van der Gaag et al. 2017). Additional attention might be paid to creative ethics education for practitioners, facilitating identity work to negotiate support and control functions, the development of moral resilience (Young & Rushton 2017, Rushton 2017, Stutzer 2018) and the prioritisation of relational ethics. The promotion of leadership integrity in social care organisations to challenge managerialism and resource constraints also seems indicated, alongside work with trades unions and professional associations to challenge policies unduly impact on those who are struggling during adversity.

Public awareness also needs to be raised through improved signposting to the regulator's criteria for raising concerns on their web-site.

A final and important area relates to 'proactive engagement with registrants'. This could be achieved through the use of case examples from the study at registrant events, meetings with professional bodies and trades unions and educators. This has the potential to raise awareness further of the fitness to practise process and the criteria for referring concerns to the regulator.

The HCPC has a programme of work in place to implement these and other recommendations from the study [HCPC 2018] and it will be valuable for the new regulator, Social Work England, to take these matters into account in developing their systems and procedures.

### **Declaration of Interests Statement**

No conflicts of interest to declare.

### **Acknowledgements**

We are grateful to project participants and Advisory Group members for generously sharing their insights with us. The project was funded by the Health and Care Professions Council.

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